



**State of Florida  
Department of Health  
Wakulla County Health Department  
APPLICATION FOR FLORIDA DEATH OR FETAL DEATH RECORD**

Read BOTH PAGES of this application: Anyone may apply for a death certificate. When cause of death information is also requested and the death occurred less than 50 years ago, a copy of valid photo ID must accompany this application AND the applicant OR person being represented must be an eligible person as outlined in statute (see Eligibility on the reverse of this form). Relationship to the decedent must be entered in the space provided at the bottom of this form when requesting cause of death. Acceptable forms of valid ID are: driver's license, state identification card, passport, and/or military ID card. When requesting a death certificate without cause of death OR if the death occurred over 50 years prior to the request, photo identification is not required. If a funeral home or an attorney, see additional information under Eligibility on reverse side of this form to ensure proper completion of this application.

**SECTION A: INFORMATION ON TYPE OF RECORD AND DECEDENT** PLEASE CHECK APPROPRIATE BOX:  DEATH  FETAL DEATH

NAME OF DECEDENT	FIRST	MIDDLE	LAST	SUFFIX
ALIAS NAME(IF APPLICABLE)				IF MARRIED FEMALE, MAIDEN SURNAME (if known)
DATE OF DEATH	MONTH	DAY	YEAR (4-DIGIT)	STATE FILE NUMBER (If known)
				SEX
ADDITIONAL YEARS TO BE SEARCHED <small>(Required <i>only</i> when exact year is <i>not</i> known)</small>	Below indicate the <u>range of years</u> to be searched		PLACE OF DEATH CITY OR TOWN	PLACE OF DEATH COUNTY
NAME OF SURVING SPOUSE AS RECORDED ON DEATH RECORD <small>(if applicable and if known)</small>	FIRST	MIDDLE	LAST	SUFFIX
	FUNERAL HOME NAME			

**IMPORTANT INFORMATION**

*Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.*

**SECTION B – FEES: A RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A NON-REFUNDABLE SEARCH FEE OF \$15.00**

Without Cause of Death     
  With Cause of Death (See Eligibility on the reverse side of this form)

\$15.00	X		=	
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**TOTAL AMOUNT ENCLOSED:** Check or Money Order Payable to: **Wakulla County Health Department** International payments should be made by Cashier's Check or Money Order in U. S. Dollars. *Florida Law imposes an additional service charge of \$25.00 for dishonored checks.*

**SECTION C – APPLICANT INFORMATION:**

Applicant's Name <b>TYPE OR PRINT</b>	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)	Applicant Signature
If Funeral Director or Attorney listed as Applicant and requesting Cause of Death Information	LICENSE/BAR NUMBER	NAME OF PERSON YOU ARE REPRESENTING
If requesting cause of death, state your relationship (OR if a funeral director or an attorney, the relationship of the person you are representing) to the decedent.	RELATIONSHIP TO DECEDENT	
PHONE NUMBER	ADDRESS FOR MAILING (BE SURE TO INCLUDE ANY BUILDING OR APARTMENT NUMBER.)	
	CITY	STATE      ZIP CODE

Certificate #